## United States Court of Appeals for the Ninth Circuit P.O. Box 193939 San Francisco, California 94119-3939 APPLICATION AND OATH FOR ADMISSION

PERSONAL STATEMEN	Т:			
Name (Last, First, Middle):				
Firm Name or Agency:				
Street Address:				
City:	State:	Zip:	Social Security No.	: Date of Birth:
Phone:	Fax:		Email Address:	
Mailing Address if different	from above:			
City:	State:	Zip:		
List the state and federal co	urts in which you have be	en admitted t	o practice and the date you	were admitted:
Have you ever been disbarre		tice before a	ny court or government age	ncy?YesNo
If so, please attach a detailed answer. Have you ever received any reprimand from any court or government agency?				Vac. No.
If so, please attach a detailed		t or governm	ent agency?	Yes No
OATH:				
I,	me as you want it to appea	r on vour co		certify under penalty of perjury under the
(Enter nar	ne as you want it to appea	ii on your ce	inicate	
				ar [or affirm] that I will conduct myself the Constitution of the United States.
Executed of (date):		_		
Signature of Applicant:				
MOVANT: I,				member in good standing of the Bar
(Enter ful	I name of movant)			inclined in good standing of the But
of the United States Court o	f Appeals for the Ninth C	ircuit, hereby	move the admission of	
that the applicant possess the qualifications provided by Federal Rules of Appellate Procedu				o the Bar of this Court. I am satisfied
that the applicant possess th	e qualifications provided	by Federal R	ules of Appellate Procedure	e 46(a).
Date:	Signature of Mov	ant:		
Street Address:				
City:	State:	Zip:	Phone:	

The above from must be completed and returned to the Clerk of the United States Court of Appeals, Post Office Box 193939, San Francisco, CA 94119-3939. The admission fee is **\$190.00** payable to "*Clerk, U.S. Court of Appeals*." Overnight courier services deliver to: 95 Seventh Street, San Francisco, CA 94103-1518.